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PTO/SB/21 (08-00)

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|--|--------------------------------|--|---------------------|
| <h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> | | Application Number | 09/648,282 |
| | | Filing Date | August 24, 2000 |
| | | First Named Inventor | CONSTANTZ, BRENT R. |
| | | Group Art Unit | 3763 |
| | | Examiner Name | Roz Maiorino |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | CORA-011 |
| ENCLOSURES (check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): USPTO Credit Card Payment Form | |
| Remarks | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | BRET E. FIELD, Reg. No. 37,620 | | |
| Signature | | | |
| Date | November 4, 2005 | | |

| | | | |
|--|--------------|--|-----------------------|
| CERTIFICATE OF FACSIMILE TRANSMISSION | | | |
| I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: November 4, 2005. | | | |
| Typed or printed name | Donna Macedo | | |
| Signature | | | Date November 4, 2005 |

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PTO/SB/22 (12-04)

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| | | | |
|---|------------|---|-----------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) <p align="center">CORA-011</p> | |
| Application Number: 09/648,282 | | Filed: August 24, 2000 | |
| For: "FLUID DELIVERY SYSTEMS FOR DELIVERING FLUIDS TO MULTI-LUMEN CATHETERS" | | | |
| Art Unit: 3763 | | Examiner: MAIORINO, ROZ | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | <u>\$225.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | 11/07/2005 TL0111 00000004 09648282 | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | 01 FC:2252 225.00 OP | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0815</u> . | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,620</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
|  Signature | | <u>11-4-05</u> Date | |
| <u>Bret E. Field</u> Typed or Printed Name | | <u>(650) 327-3400</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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